

Attachment 8: Federal Funding Accountability and Transparency Act (FFATA) Data Form

**See instructions for additional information*

| | | | | | |
|------------------------------------|---|-------|----|---------------|------------|
| Legal Business Name of Entity | Catholic Charities of Southern Missouri, Inc. | | | | |
| Doing Business As (if different) | | | | | |
| Street Address | 424 E Monastery | | | | |
| City | Springfield | State | MO | Zip Code + 4* | 65807-6099 |
| DUNS Number* | 968136361 | | | | |
| Parent Organization's DUNS Number* | | | | | |
| Principal Place of Performance* | | | | | |
| Contact Person's Name / Title | Maura Taylor, Executive Director | | | | |
| Contact Person Phone Number | 417-720-4213 | | | | |
| Contact Person E-Mail | mtaylor@ccsomo.org | | | | |

Executive Compensation Information* N/A

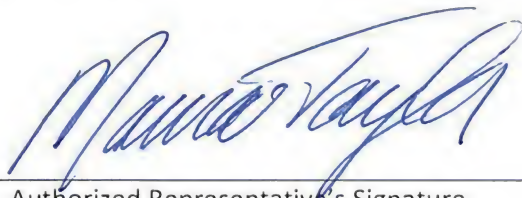
**Complete this section if required. See instructions for additional information before completing.*

List the organization's top five most highly compensated executives for the preceding contractor fiscal year.

| Name | Amount |
|------|--------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Certification:

I attest the facts stated above are true and correct.



Authorized Representative's Signature

Maura Taylor

Printed Name

Executive Director

Title

3/23/17

Date